3

	•								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003										10/23/23					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE					THAN ENTITY		
TOTAL CLAIMS			VI				ŀ	RATE		FEE	7	RATE	FEE		
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC FEE 385.00		385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			つ minus 20=		• 7			X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS			- minus 3 =		•			X43=			OR	X86=			
MULTIPLE DEPENDENT CLAIM P			RESENT					+145=			OR	+290=			
* If	the difference	e in column 1 is	ess than zero, enter "0"			column 2		TOTAL			OR	TOTAL			
11	CLAIMS AS AMENDED - PART II								- 1	AITITA		OTHER			
4		(Column 1)	1	(Colum		(Column 3)	r	SMAL		NTITY	OR	SMALL			
NTA		REMAINING AFTER AMENDMENT		PREVIO	BER SUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT A	Total	. 22	Minus	-2	2	<u>-</u>		X\$ 9=	1		OR	X\$18=	1		
AME	Independent	· J	Minus	***	<u> </u>	0		X43=	I		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	7		OR	+290=			
7 8								TOTA	4	//		. TOTAY			
	(Column 1) (Column 2) (Column 3)							ODIT. FE	EL		JON ,	ADDIT. FEE			
	·	CLAIMS		HIGHE	ŞT	(Coldinii 3)	1 г		Т	ADDI-	1 1		ADDI-		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA	ľ	RATE		FEE		RATE	TIONAL		
MON	Total	•	Minus	grab	,	a		X\$ 9=	T		OR	X\$18=			
AME	Independent	•	Minus	***		-	X43=		1		OR	X86=			
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM	لبالب		+145=	1		OR	+290=			
								TOTA			OR ,	TOTAL			
		(Column 1)	· · ·	(Colum	n 2)	(Column 3)	A	DDIT. FEI	= L		•	ADDIT. FEE			
., [\	CLAIMS		HIGHE	ST				T	ADDI-	ſ		ADDI-		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA		RATE		IONAL FEE		RATE	TIONAL		
¥Q.	Total	*	Minus	**		=		X\$ 9=	Τ		OR	X\$18=	•		
	Independent	*	Minus	***		= .		X43=	t			X86=			
4	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM		-		╁		OR				
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.															
** If	th "Highest Num	nber Previously Painber Previously Pa	d For IN THIS	SPACE IS	less than	20, enter "20."	ΑI	TOTAL DDIT. FEE			OR A	DDIT. FEE			
		ber Previously Paid					foun	d in the a	ppro	opriate box	in colu	ımn 1.	·		